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Bib Data Sheet

CONFIRMATION NO. 4126

<b>SERIAL NUMBER</b> 09/995,911	<b>FILING DATE</b> 11/28/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 017620-9335
<b>APPLICANTS</b> Richard B. Mazess, Madison, WI;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/891,814 06/26/2001 WHICH IS A CIP OF 09/596,149 02/23/1998 WHICH IS A DIV OF 08/781,910 12/30/1996 PAT 5,763,429				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 12/28/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 53
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 23510				
<b>TITLE</b> Treatment of hyperproliferative diseases using active vitamin D analogues				
<b>FILING FEE RECEIVED</b> 816	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	